

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
COMMISSIONED OFFICER STUDENT TRAINING AND EXTERN PROGRAM (COSTEP)  
STATEMENT OF DUTIES

1. AGENCY/PROGRAM: \_\_\_\_\_ BUREAU / INSTITUTE / CENTER / DIVISION: \_\_\_\_\_

2. BRANCH: \_\_\_\_\_ SECTION: \_\_\_\_\_

3. DUTY STATION ADDRESS AND COMMERCIAL PHONE NUMBER: \_\_\_\_\_

4. DATES OF ASSIGNMENT: \_\_\_\_\_ START: \_\_\_\_\_ END: \_\_\_\_\_

5. ASSIGNMENT SETTING: \_\_\_\_\_

6. COSTEP RESPONSIBILITIES: \_\_\_\_\_

7. TRAINING TO BE RECEIVED ON THE JOB: \_\_\_\_\_

8. COSTEP PRECEPTOR: *(Name, Title, Address, and Phone Number)* \_\_\_\_\_

9. MINIMUM QUALIFICATIONS FOR COSTEP: \_\_\_\_\_

10. SUGGESTED CATEGORIES: *(Check all applicable categories)*

MEDICAL	ENGINEER	VETERINARY	THERAPY	DENTAL	SCIENTIST
PHARMACY	DIETETICS	NURSE	SANITARIAN	HEALTH SERVICES <i>(Specify)</i>	_____

11. AGENCY/PROGRAM REPRESENTATIVE	SIGNATURE _____	DATE _____
	TYPE NAME AND TITLE _____	
12. DCP COSTEP REPRESENTATIVE	SIGNATURE _____	DATE _____

# INSTRUCTIONS FOR COMPLETING COSTEP STATEMENT OF DUTIES, FORM PHS-6279

For information on COSTEP, see INSTRUCTION 4, Subchapter CC25.2, Commissioned Corps Personnel Manual.

## *GENERAL:*

Prepare a typed copy for each assignment.

Send all copies to your agency COSTEP organizational representative for review.

The agency COSTEP organizational representative will forward the forms to:

Transactions and Applications Branch, DCP

ATTENTION: COSTEP

Room 4-35, Parklawn Building

5600 Fishers Lane

Rockville, MD 20857

An approved Form PHS-6279 will be:

- a. Signed by the COSTEP Coordinator.
- b. Distributed to:
  - (1) Transactions and Applications Branch, DCP
  - (2) Agency COSTEP organizational representative - 2 copies (one for immediate supervisor)
  - (3) COSTEP participant in orders packet

## *SPECIFIC:*

Items 1-4      Self-explanatory

Item 5          Describe the setting in which the student will work. Example: XYZ Medical Center serving 15,000 residents. Comprehensive health services are provided by a health team of physicians, nurses, dentists, etc. The student will work with selected cases from the hospital's outpatient load of 54,000 visits annually.

Item 6          COSTEP Responsibilities examples: (70% of participant's time)  
a. Assist with physical examination of selected patients. Calculate major health hazards for each patient and assist with the development of a preventive medical program to reduce health hazards.  
b. Collect water samples for laboratory examination and assist with analysis of same.  
c. Assist with the nursing care of medical and surgical patients and administer authorized medications and treatments.

Item 7          Training Activities examples: (30% participant's time)  
a. Will be introduced to epidemiology of major clinical entities of cancer.  
b. Will participate in staff meetings and in-service education programs.  
c. Will receive orientation on the PHS and Commissioned Corps.

Item 8          Preceptor:  
Identify a senior level staff member, preferably a PHS Commissioned Corps officer, who will be responsible for the conduct of the training experience and the orientation program.

Item 9          State whether a 2nd, 3rd, or 4th year baccalaureate student is desired, or whether a student in a graduate program or a 1st, 2nd, 3rd, or 4th medical, dental, or veterinary student is desired.

Item 10        State discipline desired. Examples are: Physician, Engineer, Veterinarian, Therapist, Dentist, Pharmacist, Dietitian, Nurse, Sanitarian, Scientist, Health Record Administrator, Social Worker, Optometrist, Podiatrist, Medical Technologist, Health Educator, Physician Assistant, Hospital Administrator, Psychologist, or Physicist.

Item 11-12    Self-explanatory